



City of Rochester, NY  
Robert J. Duffy, Mayor

## ADMINISTRATIVE ADJUSTMENT

(Section 120-191A)  
BUREAU OF PLANNING AND ZONING  
CITY HALL, 30 CHURCH STREET, ROOM 125-B  
ROCHESTER, NEW YORK 14614

### APPLICATION

**APPLICATIONS ARE ACCEPTED BY APPOINTMENT ONLY. To schedule an appointment, please call Barry Wolfe at (585) 428-7762.**

Office Use	Application Requirements:
<input type="checkbox"/>	1. Fee: \$100.00.
<input type="checkbox"/>	2. One (1) copy of the Denied Certificate of Zoning Compliance (CZC).
<input type="checkbox"/>	3. One (1) copy of the application.
<input type="checkbox"/>	4. One (1) copy of the Environmental Assessment Form.
<input type="checkbox"/>	5. One (1) copy of an Instrument Survey Map.
<input type="checkbox"/>	6. One (1) copy of a Site Plan showing the location of the proposed work.
<input type="checkbox"/>	7. One (1) copy of scaled elevations of the proposed structure or a sample photograph.
<input type="checkbox"/>	8. One (1) copy of the site plan, survey map, or elevation drawings no larger than 8-1/2" x 11".
<input type="checkbox"/>	9. One (1) copy of the completed Administrative Adjustment Standards.
<input type="checkbox"/>	10. Photographs of the subject site, structures on the site, and surrounding properties.

**Which of the following Administrative Adjustments is being requested?**

1)\_\_\_ **Ten (10%) percent or less of a numerical standard set forth in Chapter 120 of the Zoning Code.**

2)\_\_\_ **An Alternative Parking Plan for five (5) or fewer parking spaces.**

3)\_\_\_ **A parking area for a residential use in a residential district which:**

- A. Is located in the side yard due to the location of the principal building on the property.
- B. Is within the front yard and is limited to one (1) parking space, when new curbs are being installed and the parking area existed before the project was identified in the City's Capital Plan.

4)\_\_\_ **A parking area or parking lot for commercial uses in a commercial district which:**

- A. Has a pre-existing curb cut; and
- B. Has insufficient space behind the building to accommodate required parking when new curbs are being installed and the parking lot or parking area existing before the project was identified in the City's Capital Improvement Plan; and
- C. Can accommodate a parking stall length of eighteen (18) feet; and
- D. Accommodates defined pedestrian access to the building.

5)\_\_\_ **A Chain-link fence in the front yard in a residential district, provided:**

- A. A substantial number of similar fencing exists on the street frontage (proof of this must be provided by the applicant); and
- B. The existing fencing has been legally installed.

6)\_\_\_ **A temporary handicapped ramp located in the required front yard setback.**

**[FOR OFFICE USE ONLY]**

**ADDRESS:** \_\_\_\_\_ **FILE NUMBER:** \_\_\_\_\_

**DATE FILED:** \_\_\_\_\_ **FEE:** \_\_\_\_\_

**ADMINISTRATIVE ADJUSTMENT  
STANDARDS**

An Administrative Adjustment will be granted only if evidence is presented establishing conformance with each of the following standards. Explain how the application conforms to **each** of these requirements (attach additional sheets if necessary):

**A. The benefits to the applicant of the approval outweigh any detriments to the health, safety and welfare of the neighborhood.**

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**B. There is no means other than the requested Administrative Adjustment by which the difficulty can be avoided or remedied to a degree sufficient to permit a reasonable use of the subject lot or parcel.**

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**PROJECT INFORMATION**

PLEASE TYPE OR PRINT

1. PROJECT ADDRESS(ES): \_\_\_\_\_

2. APPLICANT: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

INTEREST IN PROPERTY: Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Other \_\_\_\_\_

3. PLAN PREPARER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. ATTORNEY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

5. ZONING DISTRICT: \_\_\_\_\_

6. DETAILED PROJECT DESCRIPTION (additional information can be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. LENGTH OF TIME TO COMPLETE PROJECT (Attach schedule if phased:) \_\_\_\_\_

**APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OWNER (if other than above): I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_